

Request for Proposals for Ethiopia Primary Data Collection for the Tobacco Control Data Initiative



May 30,2022

Table of Contents

Definition of Key Terms	2
Introduction	4
Project Overview	4
Company Background	4
RFP Purpose	5
Background Information	6
Scope of Work	7
Research Questions	7
Research Approach	8
Type of Data to be Collected during the Consultancy for TAPS	8
Type of Data to be Collected during the Consultancy for smoke free	8
Requirements/characteristics of the Sample for the Data Collection Process	9
Specific Tasks for the Firm	9
Timeline	12
Proposal Timeline	12
Notification and Contract Dates	12
Schedule for Contract	12
Proposal Submission Instructions	13
Technical Approach	15
Technical Qualifications (Attachment I)	16
Budget (Attachment II)	17
Sample Field Reports or Executive Summaries	17
Evaluation Process	18
Evaluation	18
Firm Selection	18
Right to Reject Proposals	19
Confidentiality	19
Intellectual Property/Licensing	19
Price, Terms and Conditions	20

Definition of Key Terms

Compliance: In the context of tobacco control legislation, compliance refers to "the fulfillment by a regulated community of its obligations under a tobacco control law, thereby fully implementing tobacco control legal requirements" [1].

Enforcement: refers to the set of actions that governments or others take to achieve compliance among the regulated community to correct, halt and prevent actions/inactions that would endanger the public [1].

Hospitality Venue: Establishments registered under the regulation number 173/2009 of the government of Ethiopia [2] which includes hotels, restaurants, bars and nightclubs in this study context.

Indoor: For the purpose of article 48 of the proclamation No. 1112/2019 [3], indoor includes any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary.

Point of Sale (POS): Refers to any venue where the products of interest can be sold to the public, independently of whether access to such a venue is free or only by invitation or membership [4].

Retailer: refers to any person who sells goods to consumers or end users after buying such goods from producers, importers, or wholesalers [5].

Tobacco Advertising, Promotion, and Sponsorship (TAPS): Refers to the primary marketing activities used by tobacco companies to boost sales and expand their market. The industry spends billions of dollars every year on TAPS as a proven means to increase tobacco consumption [6].

Tobacco vendors: Refers to any person involved in wholesale trade of processed tobacco, or wholesale trade of tobacco and tobacco products, or retail trade of tobacco

and tobacco products [7]. This entity may include tobacco shops, kiosks, street vendors, stationary street vendors, and supermarkets.

Wholesaler: refers to any person who sells goods to retailers or governmental and nongovernmental organizations or cooperatives by wholesale after having bought such goods from producers or importers [5].

Introduction

Project Overview

The Tobacco Control Data Initiative (TCDI), implemented by Development Gateway in partnership with the University of Cape Town and funded by a grant from the Bill & Melinda Gates Foundation, is a project that aims to supply Sub-Saharan African (SSA) governments with improved access to country-specific data that will inform better tobacco control policy design and implementation. This project aims to design and develop national online websites that contain data and research related to tobacco control. This information is showcased to meet the needs of government stakeholders, as well as civil society and academia. The dashboard will be informed by data from primary sources (primary data collected during our project) as well as secondary sources (such as papers published in peer-reviewed journals).

Company Background

Development Gateway: An IREX Venture (DG)^a is a mission-driven nonprofit with 20 years of experience working with governments, development partners, private sector, and civil society to harness data and tech for international development. DG creates innovative information management and data visualization technology, implements data-focused programs, and conducts research and evaluation to further sustainable development. DG supports public and private sector actors in collecting, analyzing and using data in the health sector for policymakers and development agencies to make more effective decisions and to improve service delivery. DG has collaborated with partners including The Bill and Melinda Gates Foundation, United Nations children's Fund (UNICEF), United States Agency for International Development (USAID), and Millennium Challenge Corporation (MCC). DG is headquartered in Washington, DC, and is exempt under Section 501(c)(3) of the Internal Revenue Code. A more complete overview of DG can be viewed at <http://www.developmentgateway.org>.

^{1/a}Development Gateway remains an independent nonprofit organization that is a strategic partner to IREX. <https://www.irex.org/news/irex-and-development-gateway-announce-strategic-partnership>

For the TCDI project, Development Gateway is collaborating with the University of Cape Town's Research Unit on the Economics of Excisable Products (REEP), an accredited research unit with the School of Economics. REEP focuses on supporting public health through rigorous research in tobacco, alcohol and sweetened beverages.

RFP Purpose

The purpose of this RFP is to identify a data collection firm to collect primary data on compliance with smoke free and Tobacco Advertising Promotion and Sponsorship (TAPS) laws in Ethiopia that will provide decision makers with evidence to inform priorities for implementation and enforcement of the laws.

Background Information

Tobacco use kills more than 8 million people per year, and 1.2 million die from exposure to secondhand smoke [8]. In Ethiopia, it is estimated that tobacco use kills 16,800 people per year [9] and costs the Ethiopian economy 1,391 million birr per year [10].

In 2003 the World Health Organization adopted the Framework Convention on Tobacco Control (FCTC). Ethiopia became a signatory to the treaty in 2004 and ratified it in 2014. The FCTC provides guidance for bans on TAPS (Article 13 and its implementing guidelines) and for measures to prevent exposure to tobacco smoke in indoor workplaces, public transport, indoor public places, and, as appropriate, other public places (Art 8 and its implementing guidelines) [11].

Ethiopia is taking action to reach the highest level on the FCTC recommended comprehensive measures of tobacco control [12,13].

All direct and indirect forms of TAPS are prohibited under Article 61 of the Proclamation 1112/2019 [3]. According to the Proclamation, retail shops should place tobacco products somewhere where customers cannot directly grasp or see the products. However, there is yet to be an evaluation of compliance to TAPS since this prohibition.

Ethiopia passed a law prohibiting smoking in any public and workplaces in 2019 (Proclamation No.1112/2019)[3].The commitment to enact and enforce smoke free law has also been reflected in the Tobacco Control Strategic Plan 2017/18-2019/20 [14]. Despite these progress, there is no national evidence regarding the level of compliance with the tobacco control laws. A study in selected governmental hospitals in Addis Ababa indicated that only 2.8% of the hospitals have “anti-smoking” signs, 60% of hospitals had evidence of smoking in the premises, and 58.3% of the health care staffs in the hospitals were not aware of the smoke free legislation [15]. There is no published research on national level compliance with the smoke-free laws and TAPS in Ethiopia. Therefore, this study aimed to assess the level of compliance with tobacco

control laws in Ethiopia, specifically, compliance with the smoke-free bans in all public and workplaces as well as compliance with bans on TAPs in Ethiopia.

Scope of Work

The objective of this consultancy is to conduct a study on enforcement and compliance with smoke free and TAPS laws in Ethiopia.

Research Questions

The primary data collection will aim to answer the following research questions:

Primary questions

- ❖ What is the level of Compliance with the Tobacco Advertisement, Promotion and Sponsorship (TAPS) ban at point of sale in the capital cities of Regional States of Ethiopia?^b
- ❖ What is the level of compliance to smoke free laws within hospitality venues in the capital cities of Regional States of Ethiopia?^c

Secondary questions

1. What are the barriers and facilitators to TAPS compliance monitoring and enforcement at the point of sale?
2. What are the barriers and facilitators to compliance monitoring and enforcement of the smoke free laws within hospitality venues?

^{2/b} Security situation of the places will be taken into consideration.

^{3/c} Security situation of the places will be taken into consideration.

Research Approach

In order to derive the most policy-relevant and actionable data from this study, we propose collecting data through observation and interviewer administered questionnaires.

The selected firm is expected to work closely with the TCDI team to develop the methodology, including the development of research tools for observation and interviews. At appropriate stages of the research, the selected firm will present preliminary findings and progress updates for review.

Type of Data to be Collected during the Consultancy for TAPS

1. Quantitative data
 - Collecting observational data on the presence of any kind of tobacco advertising, promotion, and sponsorship (in contravention of the ban in Ethiopia) at the point of sales (vendors).
2. Qualitative data
 - In-depth Interviews with policy implementers and other relevant stakeholders (e.g. members of the National Tobacco Control Alliance) on their perceptions about law implementation, barriers impeding compliance, opportunities to enhance compliance, and the role of different sectors in supporting law implementation in Ethiopia

Type of Data to be Collected during the Consultancy for smoke free

1. Quantitative data
 - Observation of evidence of smoking, and the presence of no-smoking signage in random samples of hospitality venues
 - Owners/staff of the hospitality venues will be interviewed using a face-to-face interviewer-administered questionnaire.

2. Qualitative Data

- In-depth interviews with policy implementers and other relevant stakeholders (e.g. members of the National Tobacco Control Alliance) on their perceptions about law implementation, barriers impeding compliance, opportunities to enhance compliance, and the role of different sectors in supporting law implementation in Ethiopia.

Requirements/characteristics of the Sample for the Data Collection Process

Firms should include a detailed sampling and recruitment strategy outlining how they plan to identify study locations, and recruit participants for the study as well as how to conduct interviews and conduct observations.

Upon a firm being selected for data collection, the firm must prepare, in collaboration with the TCDI team, a study protocol detailing the sampling and stratification strategy for the study, field team recruitment and training plans, details on the uploading and testing/piloting of study tools, procedures on pilot and full data collection, data management, data privacy and security, data cleaning and data analysis plan. The protocol should also include a work plan and schedule, appropriate sampling techniques, and expected sample size. The protocol will be finalized and validated in consultation with DG. The study instrument(s), such as the guides for observational data collection, qualitative interview, and face to face interview tools must be field tested during the pilot and may require some revisions as needed.

Specific Tasks for the Firm

The tasks are subdivided into two phases: Planning, and Implementation. There are expected outputs and deliverables for each phase. Specific tasks are required to be undertaken towards achieving the outputs as described below. The following are specific tasks for the firm during the duration of this consultancy:

Planning

- Develop the research protocol(s) clearly indicating methodology to be used to answer all the research questions
- Develop and implement a sampling strategy that includes a detailed explanation of how you will source contact information for retail or hospitality venues for observation and for recruiting participants for the quantitative and qualitative interviews; as well as procedures on informed consent and data privacy and protection.
- Define study instruments in consultation with the DG team
- Secure ethical or administrative approvals if required
- Translate and back translate interview questions, as needed (we anticipate up to five local languages: Amharic, Oromiffa, Somali, Afar, & Sidama)
- Recruit field staff who have the capacity to conduct interviews, observations, perform electronic data collection and maintain data quality.
- Field test / pilot test the study instruments

Implementation

- Provide logistical and administrative support to study teams during fieldwork; this will include any transportation, communication allowance, internet connection, etc., as necessary.
- Collect study data as per the protocol
- Conduct daily monitoring of the quality and quantity of data collected, and provide weekly reports to the DG team on study progress. Template briefs will be developed in collaboration with DG team;
- Ensure data collection is of high quality through verification and validation procedures during and post data collection. The company

must document and consistently carry out data quality checks during fieldwork and when entering and transferring data.

- Provide necessary security and emergency services to data collection teams doing in-person work and necessary digital security for online work.
- Analysis of collected data
- Prepare draft and final technical report

Timeline

Proposal Timeline

- Request for proposal issued: **Monday, 30th May 2022**
- Submission of completed proposal due by 11:59 PM (EAT) on **Friday, July 1st 2022**
- Review of proposals will take place **July 4th – July 8th, 2022**. Firms may be contacted for follow-on questions as necessary during this week.

Notification and Contract Dates

- The successful firm will be notified at the end of the day **Monday , July 11th , 2022**
- Contract negotiations will take place following notification, and continue as needed

Schedule for Contract

- Contract will be finalized by the third week of July 2022.

Work is estimated to be initiated the last week of July and continue as needed with an estimated completion date of February 2023.

Proposal Submission Instructions

The TCDI team invites data collection companies (or consortiums) to submit a proposal that develops a data collection methodology in accordance with the instructions in this proposal. The successful company/consortium will have the capacity to:

- 1) Precisely target confirmed and/ or potential study locations and participants for the study
- 2) Develop a detailed study protocol and training manual and agenda for field teams. Training will include but not be limited to training on protection of human subjects, as per the local relevant IRB/Ethics Committees requirements, as well as, questionnaire administration procedures, data collection and transfer, and consent procedures.
- 3) Develop a data collection instruments, such as the interview guides and guidelines for observational data collection, in consultation with the TCDI team
- 4) Conduct/implement the study,
- 5) Analyze the results of the study,
- 6) produce detailed and summary reports, and
- 7) present high-level findings to the TCDI team

Firms should make use of existing technologies and any relevant datasets where applicable. The final methodology may be adjusted based on conversations between DG and the vendor. However, we expect that the vendor will propose their own approach. The successful firm will also have the required qualifications:

- Demonstrated experience leading large-scale, targeted data collection in Ethiopia is mandatory.
- Significant experience in collecting health and law related data, with a strong preference for previous research in tobacco control or similar non-communicable disease research
- Significant experience in collecting observational data
- Previous experience conducting both qualitative and quantitative research.
- Prior experience in collecting and protecting sensitive / protected data
- Demonstrated experience with sampling calculations
- Experience analyzing qualitative and quantitative data
- Extensive experience in collecting, uploading, cleaning, and compiling phone/tablet-based data for data analysis
- Experience translating and back-translating studys (we anticipate up to five local languages: Amharic, Oromiffa, Somali, Afar, & Sidama)
- Demonstrated capacity to deliver in the agreed-upon timeframe
- Standards and procedures for informed consent and data protection/privacy

The following capabilities are also valued, but not mandatory.

- Knowledge of geo-spatial/GIS analysis techniques for assessment areas, including real-time mapping of assessor movements (for on-the-ground data collection).

Instructions for submitting the proposal are included below. Information about your company's required lead time, if you receive this assignment, should also be included. All proposals should be submitted in English.

The following material is to be received by close of business July 1st 2022 for your proposal to be considered:

1. Technical Approach, not to exceed 10 pages in length
2. Technical Qualifications (Attachment I); not to exceed 5 pages in length
3. Budget (Attachment II)
4. Provide links to previous project reports/summaries

The instructions for each of these four sections are included in the below sections.

Please email your proposal to Selam Abraham at skassa@developmentgateway.org copied to Terefe Gelibo at tagerfa@developmentgateway.org , with the subject line "RFP for TCDI Ethiopia Primary Data Collection".

- **Questions may also be sent to Selam and Terefe at any time before Monday, June 27th 2022.**

Technical Approach

Your technical approach, mentioned above, should respond in detail to the scope of work in line with the instructions below:

- Technical capacity overview, which includes:
 - Capacity statement describing the organization's structure and experience, with examples of past similar projects.
 - Proposed methodology to be used to answer the research questions

- Suggested process for how you would manage logistics to hire, train assessors, make field visits, collect data, and create procedures for instant upload of data. Include a summary of procedures in case of adverse events that may occur as a result of data collection on the ground, and contingency plans.
- Information about your data verification and validation procedures, during data collection as well as post data collection, and during the data cleaning process.
- A summary of your data confidentiality/security procedures
- A detailed description of the sampling frame you propose to use, including:

Technical Qualifications (Attachment I)

- Provide an affirmative statement that the firm is independent to DG.
- Provide an affirmative statement that the firm has never received money from the tobacco industry, or any of the tobacco industry's affiliate organizations.
- State the size of the firm, the size of the firm's technical staff, the location of the office from which the work on this project will be performed
- The names and qualifications/contributions of the individuals to be employed on this project and the anticipated level of effort of key personnel required.
- Provide a list of references for cited work relevant to this proposal including the names and telephone numbers of these clients who may be contacted for references.

- A copy of your corporate business registration and evidence of any necessary insurance for key personnel as well as the company's plan to provide insurance coverage for individuals who will be hired for data collection

The company that is hired will be responsible for all necessary insurance for all staff contracted to work on this assignment – evidence should be noted in the contract. The contract will require agreement to indemnify DG against any and all medical and ancillary costs that DG may incur on your behalf in any form.

Budget (Attachment II)

In this attachment, please include a budget for the activities proposed in the technical approach. This should include a summary of expenses for personnel and any travel costs. Identify all pricing information broken down by activity in USD. Please note that firms shall not charge more than 15% on indirect (admin) costs. Note that the proposed budget for this project should not exceed USD\$200,000 and the value and transparency in the budget proposal is worth 30% of the proposal's evaluation score.

Sample Field Reports or Executive Summaries

In the attachment, provide up to two sample field reports, or executive summaries, etc. of previous studies conducted (as allowed by previous contractual agreements). Do not submit more than 6 pages for this section.

Evaluation Process

During the evaluation process, DG reserves the right to request additional information and/or clarification or to allow corrections of errors or omissions. A firm may be disqualified from further consideration upon failure to respond in a timely fashion to DG with the requested information (e.g. within 5 business days). At the discretion of DG, firms submitting proposals may be requested to make oral presentations as part of the evaluation process. Sufficient notice will be provided in that case.

Evaluation

Proposals will be evaluated by the members of the TCDI Project. The final decision for selection of the successful firm(s) will be made by the first week of July 2022 and the successful applicant will be notified in the following week.

Firm Selection

The award will be made to a responsible company whose offer strictly adheres to the instructions within this RFP, meets, or exceeds the minimum required specifications of the project, and whose offer is judged to be technically acceptable.

Firms that have previously been hired by or received funds from the tobacco industry are ineligible for selection.

DG reserves the right to negotiate the exact terms of the contract. Both parties agree to negotiate in good faith to reach a mutual agreement. It is anticipated that a contract will be executed between both parties before the end of July 2022.

DG is an equal opportunity employer and expects those we work with to prioritize equity in recruiting -- as much as possible -- women/other marginalized groups.

The RFPs will be scored based on a review of the strength of each proposal across the following topics::

Topic Area:	Total Points:
Proposed sampling & recruitment methodology	30
study / interview training and support	5
Interview and study development	5
Data collection plan	10
Data analysis plan	10
Prior experience	10
Budget	30
Total Points	100

Right to Reject Proposals

DG reserves the right to refuse any or all proposals and to provide to each participating firm their award status only, without further explanation of evaluation.

Confidentiality

Given the sensitive nature of the data and information to be shared with the successful applicant, care should be taken to protect such information. This information submitted to DG and its partner, will not be communicated by DG to any other party.

Intellectual Property/Licensing

Upon completion of the project, the raw datasets that are generated will become the property of Development Gateway, with the provision that the

datasets be made available to the public for unrestricted access and reuse. This approach is consistent with the Open Access Policy of the Bill and Melinda Gates Foundation.

Price, Terms and Conditions

By submitting its proposal, the firm certifies that:

1. The prices in its proposal have been arrived at independently, without consultation, communications, or agreement for the purpose of restricting competition as to any matter relating to such prices with any other firm submitting a proposal or with any competitor;
2. Unless otherwise required by law, the prices quoted in the proposal have not been knowingly disclosed prior to the due date for proposals, directly or indirectly, to any other firm or to any competitor unless that other firm is part of a consortium; and
3. No attempt has been made or will be made to induce any other person or firm to submit a proposal or to take or refrain from any action for the purpose of restricting competition.

Please note that DG will not be responsible for expenses incurred in preparing the proposal. Such costs should not be included in the proposal. If it should become necessary for DG to request the contractor to render any additional services to either supplement the services requested in this RFP or to perform additional work as a result of the specific recommendations included in any report issued on this engagement, the additional work shall be performed only if set forth in an addendum to the contract between DG and the firm. If the firm identifies additional services or costs needed to complete the agreed-upon scope of work in the contract, the firm cannot charge for such additional work without first obtaining approval from DG in writing.

The final price of the services and payment schedule will be agreed upon prior to contract execution. The anticipated payment schedule will be structured as follows:

- **20%** at contract signing
- **15%** upon delivery of Deliverable 1: Study protocol/ implementation plan detailing procedures – sampling and stratification strategy, implementation procedures and security/confidentiality protocols, plans for data quality, proposed verification/validation procedures, timeline, upload schedule
- **20%** upon delivery of Deliverable 2: TAPS data analysis and report. This should include details of any deviations from the original study protocol with justification, challenges and resolution of issues.
- **20%** upon delivery of Deliverable 3: Smoke free environments data analysis and report. This should include details of any deviations from the original study protocol with justification, challenges and resolution of issues.
- **15%** upon delivery of Deliverable 4: Complete/cleaned datasets that must be in a widely accepted format, e.g., Excel, that can be imported for data analysis. Original dataset will also need to be submitted. Code used in cleaning the data also required (e.g. Stata or R code) along with draft research report
- **10%** upon delivery of Deliverable 5: Presentation of high-level findings in PowerPoint format to the TCDI team and their key stakeholders.

References

1. World Health Organization (WHO) Regional Office for Africa, Enforcement Of And Compliance With Tobacco Control Legislation A Guide For The Who African Region. 2016, WHO Regional Office for Africa: Brazzaville, Republic of Congo. p. 1-105.
2. The Federal Democratic Republic of Ethiopia (FDRE)., Regulation no 173-2009 Classification of Tourist Facilities. 2010. p. 1-7.
3. The Federal Democratic Republic of Ethiopia (FDRE), *Federal Negarit Gazette Proclamation Number 1112/2019*, in 1112/2019, FDRE, Editor. 2019: Ethiopia. p. 2-174.
4. Koczkodaj, P., et al., Point of Sale Advertising and Promotion of Cigarettes, Electronic Cigarettes, and Heated Tobacco Products in Warsaw, Poland-A Pilot Study. *Int J Environ Res Public Health*, 2021. 18(24).
5. The Federal Democratic Republic of Ethiopia (FDRE), Commercial Registration and Licensing Proclamation, in Proclamation No. 980/2016, T.F.D.R.O.E. (FDRE), Editor. 2016: Addis Ababa. p. 1-34.
6. Goldberg ME, Davis RM, O'Keefe AM. The role of tobacco advertising and promotion: themes employed in litigation by tobacco industry witnesses. *Tob Control*. 2006;15(Suppl 4):iv54-iv67 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563582/#ref3>).
7. Ethiopia Ministry of Trade., Ethiopian Standard Industrial Classification (ESIC), Rev. 1. 2015, Ethiopia Ministry of Trade: Addis Ababa, Ethiopia.
8. World Health Organization (WHO). *Tobacco: Key facts*. Leading cause of death, illness and impoverishment 26 July 2021 26 July 2021 [cited 2022 May 18, 2022]; Available from: <https://www.who.int/news-room/fact-sheets/detail/tobacco>.
9. Guliani, H., S. Gamtessa, and M. Çule, *Factors affecting tobacco smoking in Ethiopia: evidence from the demographic and health surveys*. *BMC Public Health*, 2019. 19(1): p. 938.
10. World Health Organization (WHO). *Ethiopia passes landmark smoking excise bill*. WHO Africa 2020 [cited 2022 May 10, 2022]; Available from: <https://www.afro.who.int/news/ethiopia-passes-landmark-smoking-excise-bill>.
11. Hiilamo, H. and S. Glantz, *FCTC followed by accelerated implementation of tobacco advertising bans*. *Tobacco Control*, 2017. 26(4): p. 428-433.
12. WHO, *2021 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control*. 2022: Geneva. p. 1-196.
13. WHO, *WHO report on the global tobacco epidemic 2021: Addressing new and emerging products*, in *Health Promotion*. 2021: Geneva. p. 1-212.
14. Food, M., a. health care, and E. control authority of, *Ethiopia Tobacco Control Strategic Plan 2010-2012 E.C (2017/18-2019/2020)*. October 31, 2017. 2017: Ethiopia. p. 26-26.
15. Tadesse, T. and B. Zawdie, *Non-compliance and associated factors against smoke-free legislation among health care staffs in governmental hospitals in Addis Ababa, Ethiopia: An observational cross-sectional study*. *BMC Public Health*, 2019. 19(1): p. 1-11.

Making international development data easier to gather, use, and understand.



For information or inquiries, please contact us
at info@developmentgateway.org

Development Gateway, Inc.
1110 Vermont Ave NW Suite 500
Washington, DC 20005 USA
+1 202 572-9200



@DGateway

Developmentgateway.org